

## **Federal Poverty Guidelines** for Minnesota Health Care Programs

Minnesota Department of Human Services

Represents FFP (Federal Financial Participation from Medicaid or CHIP)<sup>1</sup> 50% or 65%

**Represents FFP for Family Planning** 90%

0%

**Represents Fully State-Funded** 



FPG	Families and children				Adults with	out children	Aged, blind and disabled	
	Medical Assistance <sup>2</sup>	MinnesotaCare		MA <sup>3</sup>	GAMC	MinnesotaCare	Medical Assistance	
300 —	No coverage	No coverage Children Parents <sup>6</sup>				No coverage		
275	Pregnant Women <sup>5</sup>						No coverage	
250 — 225 —	and Infants 275%	275%	275%			MinnesotaCare 250%		
200 —		Additional match from		* * *	No coverage		QWD 200% (MC <sup>7</sup> Part A premium)	
175 —	Additional match from CHIP for children above 133% FPG	CHIP for children above 133% FPG					WWD 200% (MC TUH A premium)	MA-EP
50 — 133				200%			QI 135% (MC Part B premium)	
25 —	Children 2-18 150%						SLMB 120% (MC Part B premium)	
00	Children 19-20			Planning			QMB 100% (MC all cost sharing)	
75 —	100%			ly Pl			MA aged, blind and disabled <sup>®</sup> 100%	
50 —	Parents 100%			Family	GAMC 75%			
25 —								
0	/////							

<sup>1</sup> Enhanced FFP available under the American Recovery and Reinvestment Act (ARRA) (as extended by P.L. 111-226)

- <sup>2</sup> If income exceeds limit, may spenddown to 100% FPG to qualify for MA
- <sup>3</sup> The Minnesota Family Planning Program is a Medicaid Section 1115 Demonstration Project
- <sup>4</sup> CHIP funds infants 0-2 from 275-280% FPG

- <sup>5</sup> CHIP funds unborn children of pregnant women ineligible for federally funded Medicaid
- <sup>6</sup> Parents not eligible for MinnesotaCare if annual income exceeds the lesser of 275% FPG or \$50,000

 $^{7}$  MC = Medicare

<sup>8</sup> If income exceeds limit, may spenddown to 75% FPG to qualify for MA